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Pacific Partnership 2013 Occupational Health and Safety Engagement in Ebeye

Filed under [FORCE HEALTH AND SAFETY](#) [HEALTH](#) [HUMANITARIAN ASSISTANCE AND DISASTER RELIEF](#) (NO COMMENTS)

By **Lt. J.G. Kristen Ayala, Industrial Hygiene Officer and Hospital Corpsman**
3rd Class Dylan Rich, Preventive Medicine Technician



Lt. j.g. Kristen Ayala explains how to check for negative air pressure within a building to nurses of Pacific Partnership 2013. Pacific Partnership is a mission that brings host nation governments, U.S. military and civilian volunteers together to conduct disaster-preparedness projects and build relationships in the Indo-Pacific region. Mass Communication Specialist 2nd Class Laurie

Navy Medicine Video

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The tiny island of Ebeye has one of the highest population densities in the world; as a correlation, there is also a very high incident rate of tuberculosis (TB).

We arrived on the Island of Ebeye in the Republic of the Marshall Islands last month. Leading up to the engagement at the Ebeye Hospital, we were told there was an issue with the

external TB ward air pressure, and that was all the information given.

The Pacific Partnership 2013 Preventive Medicine team (which includes industrial hygiene) met up with our local counter-parts inside the TB ward at the Ebeye Hospital to get a handle on what it was exactly they wanted from us. It was then we discovered that, despite being labeled as the TB ward, it was not functioning as a TB ward at all. The ward had been built a few years back with the intention of housing TB patients during treatment; however, they had no way to confirm negative pressure in the patient area. As a result, if we did not fix the ward while we were there, the hospital had plans to tear it down, greatly diminishing their ability to effectively treat TB patients.

Cmdr. R. Brostrom, a doctor in the [United States Public Health Service](#), had been working with hospital officials prior to our arrival trying to get negative pressure in the patient area and positive pressure in the staff office area. Over the next few days, we worked with Brostrom and the hospital staff to achieve negative pressure in the TB ward. There was no central heating and air conditioning unit or ventilation system in the building, which would have been a quick maintenance fix. However, they did have a series of air conditioning units, exhaust fans, and HEPA filters that exhaust outside the building, giving us at least something to work with. The hospital staff was very engaged as we walked through and made our adjustments.

They enthusiastically took corrective action on our maintenance recommendations. With a little ingenuity, some tinkering of air flow levels, a few auto-closing doors, and a negative pressure monitor, we were able to achieve negative pressure in the TB ward.

It was a great collaboration of PP13 and the hospital staff. The hospital staff was truly grateful for our assistance, and with the ward now at negative pressure, they can treat the numerous patients with TB on the island now and for years to come.

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